

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2							52								
3							53								
4							54								
5							55								
6							56								
7		2					57								
8		2					58								
9		2					59								
10	1						60								
11		3					61								
12		3					62								
13		3					63								
14		3					64								
15		3					65								
16		3					66								
17		3					67								
18		3					68								
19		3					69								
20		3					70								
21		3					71								
22		3					72								
23		3					73								
24		3					74								
25		3					75								
26		3					76								
27	1						77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	9						TOTAL IND.								
TOTAL DEP.	53						TOTAL DEP.								
TOTAL CLAIMS	62						TOTAL CLAIMS								

1  
23  
39  
62